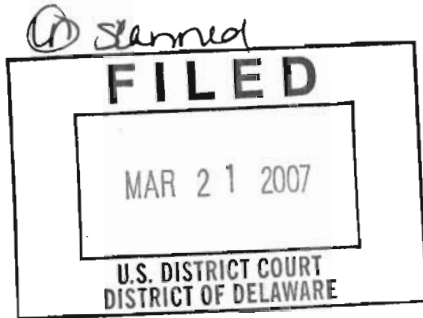


United States District Court
For the District of Delaware



Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 07cv58***

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Patrick Ryan Warden Delores J. Baylor Women's Correctional I 660 Baylor Boulevard New Castle, DE 19720</p>		<p>B. Received by (Printed Name): <i>[Signature]</i></p>	<p>C. Date of Delivery: <i>3-20</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p><input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> C.O.D.</p>	
<p><i>07cv58***</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7003 1680 0002 2585 9066</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	